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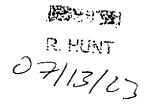
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, COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	The Twins Name of Limi	Composited Liability Company	LLC		
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Name of Person in S Company Firm/Company			
	20304 7	nout Creek	Dr	<u>10</u> 3 £	> 104
For further information of	Tuyentrager Tuyentrager Tuyentrager concerning this matter, please of	City/State and Zip Code 12 @ i C lord. to be used for future annual report of the count.	6m		13 PM 1
		at (<u>&13</u>) Area Code		Number	3 . M D 1: 19
Enclused is a check for t	he following amount:				
∑ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) C	60.00 Filing Fee, Certificate of Stat Certified Copy additional copy is en	tus &
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Division The Cent	Iress: ion Section of Corporations tre of Tallahasse Monroe Street, S	e	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ine lein	S (OM	PANY		
(Name of the Limited	Liability Company Florida Limited Lia	y as it now appears	on our records.)	
The Articles of Organization for this Limited Liab Florida document number 22000 5 This amendment is submitted to amend the follow A. If amending name, enter the new name of the	ility Company w 30750	vere filed on	2 20 20	and assigned
The new name must be distinguishable and contain the word	is "Limited Liahilit	v Company " the de	signation "i.l.C" of the	etabbrevia do n "LIEIC."
Enter new principal offices address, if applicab	le:	2030L 103 A TAMP	104 , FL 3	3647
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	8542 Tam	Bushle pa, FL	75 WAJ 33647
B. If amending the registered agent and/or reg agent and/or the new registered office address		ldress on our re	cords, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent: New Registered Office Address:	105 854		Truong NEAF WA du street address	33647
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	XUAN T Schiff	Dr Zeghyrhills, FL335	<u>2C</u> □Add
	-	Dr Zephyrhills, FL335	40 Decemove
			□Change
		_	□Add
			□Remove
			□Change
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		A SEE FL	Remove Co Change Add
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 te: If the date inserted in this block does not meet the applicable statutory filing requirencement's effective date on the Department of State's records.	days after filing.) Pursuant to 605.0207
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlist filed.	lier of: (b) The 90th day after the
10d Jone 24 . 2023	